

Confidential Participant Health Information & Waiver
Blue River Watershed Group

READ THIS CAREFULLY, IT AFFECTS YOUR LEGAL RIGHTS!

Express assumption of risk, complete release/ waiver, agreement not to sue and indemnity agreement. Blue River Watershed Group (BRWG) provides opportunities for youth/adults to participate in outdoor activities. This program can involve strenuous physical activity and may place you/your child in physically or mentally stressful situations. **Please understand that participants risk physical injury (from minor sunburn, frost bite and bruises, to broken arms and legs), undergoing mental/emotional stress, and/or injury resulting in death.** In return for being allowed to participate in a Blue River Watershed Group program, the undersigned individual or the undersigned child and his or her parent or guardian, for themselves, their heirs, their assignees, and legal representatives, hereby expressly agree to:

1. **ASSUME ANY AND ALL RISKS** arising from you/ your child's participation with **(BRWG)** programs, facilities, site, equipment, including without limitations, the risks of death, bodily injury or property damage resulting from participation in **(BRWG)** programs, whether such injury or damage is caused by negligent or deliberate acts of another person. 2. Hereby **RELEASE, WAIVE, DISCHARGE, the Blue River Watershed Group, city employees, program volunteers, officials, attorneys, and agents against ANY AND ALL LIABILITY,** to me, my child/children, my spouse, legal guardians, my legal representative, heirs, and assignees for any and all losses and / or resultant damages on account of any injury to me, or my child (children), even an injury resulting in death, or to their property, whether caused by negligence of the **Blue River Watershed Group's** employees or agents, or otherwise which claims, losses, and demands arise during or as a result directly or indirectly from participation in the program.

3. **INDEMNIFY AND DEFEND** The **Blue River Watershed Group's** employees and volunteers against, and hold them harmless from, all claims, cause of action, damages, judgments, costs and expenses, including attorney fees, which in any way may arise from me and/or my child's (children's) participation in this program.

4. **Separation clause:** if one part of agreement found void, all other parts stand separate and valid.

5. **Choice of forums clause:** local litigation only in the **Blue River Watershed Group's** legal system. The undersigned having been informed and understand the nature of the programs offered by the **Blue River Watershed Group,** and their inherent risk. I/We have read and understand this release agreement. I/We expressly agree that this release and indemnification is contractual, not mere recitals, and is as broad and inclusive as may be permitted by laws of the **State of Colorado.** I/We understand that by making this agreement of release we surrender valuable legal rights. We do so freely and voluntarily and request that I/ we/ my child (children) be allowed to participate in **Blue River Watershed Group programs.**

6. **Photo Release:** I hereby give full consent to **Blue River Watershed Group** to copyright, publish or use for business purposes, ANY photos, videos, likeness of my or my child's name. I understand these photos may be used for publications, displays or promotional materials. **By initialing, I acknowledge that I would NOT like (BRWG) to take and use my photo _____.**

PROGRAM DATE: _____ / _____ / 20____ Program Name or School Name _____

Participant Name: _____ Age _____ Sex M or F

Address City State Zip _____

Emergency Contact Name _____ Phone # _____

Parent/Guardian Name (for minors only) _____ Phone# _____

Please provide answers to question below. Please write N/A if line does not pertain. If more space is needed, please use back of form.

List all known allergies and describe reaction (food, drugs, environmental)	
List all known medications and conditions (Inhalers, Epi-pens,	
List any other pertinent medical information that we should know about etc:	

PLEASE SIGN BELOW (NO PARTICIPATION WITHOUT SIGNATURE)

Participant / Parent Guardian Signature _____ **Date** _____